

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

UNLAWFUL DETAINER ANSWER PACKET



FORMS INCLUDED IN THIS PACKET	
Unlawful Detainer Answer Packet Instructions	SDSC Form #CIV-241
Answer – Unlawful Detainer	Judicial Council Form #UD-105
Proof of Service by First-Class Mail	Judicial Council Form #POS-030
Information Sheet on Waiver of Court Fees and Costs	Judicial Council Form #FW-001-INFO
Application For Waiver of Court Fees and Costs	Judicial Council Form #FW-001
Order on Application For Waiver of Court Fees and Costs	Judicial Council Form #FW-003



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 (619) 450-7276
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 (619) 456-4100
- ☐ EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 (760) 738-2435
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, SUITE 1000, CA 92081 (760) 201-8600
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 (619) 746-6200

ANSWER PACKET FOR UNLAWFUL DETAINER

An Unlawful Detainer is a lawsuit in which a landlord tries to evict a tenant, because according to the landlord, the tenant no longer has the right to live on the property. This is also called an eviction. This packet contains the forms that may be used to answer an unlawful detainer matter and a brief description of the steps involved in the process.

Please be advised that court employees may not give legal advice. It is recommended that you seek legal advice or do your own legal research if you are not familiar with this legal process. Additional information is available on the Superior Court's website, www.sdcourt.ca.gov, and the Judicial Council's self help website, www.courtinfo.ca.gov/selfhelp.

READ ALL INSTRUCTIONS CAREFULLY BEFORE FILLING OUT ANY FORMS

KEY TERMS & DEFINITIONS

TERM	DEFINITION
Complaint	The lawsuit filed in the court.
Plaintiff	The party that initiates the lawsuit and files the complaint.
Defendant	The party or person sued in the lawsuit that may respond to the complaint.
Answer	A written pleading filed by the defendant in response to the complaint.
Service	The delivery of copies of legal documents to the opposing party or other person to whom the documents are directed.
Default	Failure of a party to respond to a lawsuit, or to follow proper procedure to prevent entry of a judgment against them.
Judgment	The official decision of the court stating which party won and the terms of the decision.
Writ	A court order authorizing the Sheriff to enforce and satisfy the judgment by levying on real or personal property.

FEES

A fee is required to file an answer or respond to the Unlawful Detainer. To determine the amount of the fee, refer to the current version of the Fee Schedule (SDSC Form #ADM-001), available on the court's website: www.sdcourt.ca.gov.

WHAT IF I CANNOT AFFORD THE COURT FEES?

If you do not think you can afford to pay the court fees, refer to the Information Sheet on Waiver of Court Fees and Costs (JC Form #FW-001-INFO), included in this packet. If you feel that you may qualify for a waiver according to the guidelines described on the Information Sheet, complete the Application For Waiver of Court Fees and Costs (JC Form #FW-001) and Order on Application For Waiver of Court Fees and Costs (JC Form #FW-003), also known as a "fee waiver."

COMPLETING FORMS

It is recommended that you type or print responses within the forms in black or blue-black ink.

FORM	ACTION
<ul style="list-style-type: none">Answer – Unlawful Detainer (JC Form #UD-105)	<ul style="list-style-type: none">Complete front and back of the form.Multiple defendants may file an answer together; however, each person answering must date, sign <u>and</u> pay a filing fee, or file their own fee waiver.Make two copies of this form.

**COMPLETING
FORMS, cont.**

FORM	ACTION
<ul style="list-style-type: none">• Proof of Service By First-Class Mail (JC Form #POS-030)	<ul style="list-style-type: none">• Have someone over 18 years of age that is not a party to the case, complete this form.• The person who signs the form is stating under penalty of perjury that they will mail a copy of the Answer to the <u>plaintiff</u> or the <u>plaintiff's attorney</u>.• Make two copies of this form.
<ul style="list-style-type: none">• Application For Waiver of Court Fees and Costs (JC Form #FW-001)• Order on Application For Waiver of Court Fees and Costs (JC Form #FW-003)	<ul style="list-style-type: none">• Complete these forms if you want to apply for a fee waiver and have the court fees waived. Refer to the Information Sheet on Waiver of Court Fees and Costs (JC Form #FW-001-INFO) guidelines.• Each defendant who signs the Answer must pay the filing fee or submit their own fee waiver.• Make a copy of each form.

**DISTRIBUTING
COPIES****What to do with your completed documents:**

- Take all of your original documents to the civil business office of the court location marked on your paperwork to be filed.
- Also bring one set of copies with your original documents so the clerk can stamp (conform) them for you to keep for your records.
- Have a copy of the Answer and Proof of Service served on the plaintiff or the plaintiff's attorney. (see below)

SERVICE

Once you have completed the forms, you are required to notify the other side that you intend to answer or respond. This is called service of process, or *serving*, which simply means giving a copy of your answer and proof of service to the plaintiff or plaintiff's attorney, if they have one. You cannot do this yourself, but anyone who is over the age of 18 who is not a party to the case can serve the papers for you. You may also have the Sheriff's Department or a registered process server serve these papers, but you should be aware that they charge a fee for this service. The person who serves the plaintiff or the plaintiff's attorney needs to complete a Proof of Service (see above), and give it to you so you can file it with the court.

**FILING AT THE
COURT****How to file documents with the court:**

- Take all of your original documents and copies to the civil business office of the court location marked on your paperwork to be filed.
- Pay the appropriate filing fee for each person that signed the Answer,
OR
- File an Application and Order for Fee Waiver for each person that signed the Answer. The clerk will file stamp your copies and return them to you.

**TRIAL
NOTIFICATION**

Once the trial date has been set, you will be notified by mail. It is your responsibility to keep the court informed of your current address.

Note: If needed, you must bring your own interpreter to court (ADA requirements excluded). The court will not provide this resource for you or your witnesses.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): ATTORNEY FOR (Name):	TELEPHONE NO:	FOR COURT USE ONLY
<input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910		CASE NUMBER:
PLAINTIFF: DEFENDANT:		
ANSWER—Unlawful Detainer		

1. Defendant (names):

answers the complaint as follows:

2. **Check ONLY ONE of the next two boxes:**

- a. ☐ Defendant generally denies each statement of the complaint. (Do not check this box if the complaint demands more than \$1,000.
- b. ☐ Defendant admits that all of the statements of the complaint are true EXCEPT
 (1) Defendant claims the following statements of the complaint are false (use paragraph numbers from the complaint or explain):

☐ Continued on Attachment 2b (1).

- (2) Defendant has no information or belief that the following statements of the complaint are true, so defendant denies them (use paragraph numbers from the complaint or explain):

☐ Continued on Attachment 2b (2).

3. **AFFIRMATIVE DEFENSES** (**NOTE:** For each box checked, you must state brief facts to support it in the space provided at the top of page two (item 3j)).

- a. ☐ (nonpayment of rent only) Plaintiff has breached the warranty to provide habitable premises.
- b. ☐ (nonpayment of rent only) Defendant made needed repairs and properly deducted the cost from the rent, and plaintiff did not give proper credit.
- c. ☐ (nonpayment of rent only) On (date): before the notice to pay or quit expired, defendant offered the rent due but plaintiff would not accept it.
- d. ☐ Plaintiff waived, changed, or canceled the notice to quit.
- e. ☐ Plaintiff served defendant with the notice to quit or filed the complaint to retaliate against defendant.
- f. ☐ By serving defendant with the notice to quit or filing the complaint, plaintiff is arbitrarily discriminating against the defendant in violation of the Constitution or laws of the United States or California.
- g. ☐ Plaintiff's demand for possession violates the local rent control or eviction control ordinance of (city or county, title of ordinance, and date of passage):

(Also, briefly state the facts showing violation of the ordinance in item 3j.)

- h. ☐ Plaintiff accepted rent from defendant to cover a period of time after the date the notice to quit expired.
- i. ☐ Other affirmative defenses are stated in item 3j.

PLAINTIFF (Name):	CASE NUMBER:
DEFENDANT (Name):	

3. AFFIRMATIVE DEFENSES (cont'd)

j. Facts supporting affirmative defenses checked above (*identify each item separately by its letter from page one*):(1) ☐ All the facts are stated in Attachment 3j. (2) ☐ Facts are continued in Attachment 3j.

4. OTHER STATEMENTS

a. ☐ Defendant vacated the premises on (*date*):b. ☐ The fair rental value of the premises alleged in the complaint is excessive (*explain*):c. ☐ Other (*specify*):

5. DEFENDANT REQUESTS

a. that plaintiff take nothing requested in the complaint.

b. costs incurred in this proceeding.

c. ☐ reasonable attorney fees.d. ☐ that plaintiff be ordered to (1) make repairs and correct the conditions that constitute a breach of the warranty to provide habitable premises and (2) reduce the monthly rent to a reasonable rental value until the conditions are corrected.e. ☐ Other (*specify*):6. ☐ Number of pages attached (*specify*):**UNLAWFUL DETAINER ASSISTANT (Business and Professions Code sections 6400- 6415)**7. (*Must be completed in all cases*) An unlawful detainer assistant ☐ did not ☐ did for compensation give advice or assistance with this form. (*If defendant has received any help or advice for pay from an unlawful detainer assistant, state:*

a. Assistant's name:

b. Telephone No.:

c. Street address, city, and ZIP:

d. County of registration:

e. Registration No.:

f. Expires on (date):

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DEFENDANT OR ATTORNEY)

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DEFENDANT OR ATTORNEY)

(Each defendant for whom this answer is filed must be named in item 1 and must sign this answer unless his or her attorney signs.)

VERIFICATION

(Use a different verification form if the verification is by an attorney or for a corporation or partnership.)

I am the defendant in this proceeding and have read this answer. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DEFENDANT)

1. I am over 18 years of age and **not a party to this action**. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. On *(date)*: I mailed from *(city and state)*:
the following **documents** *(specify)*:

4. I served the documents by enclosing them in an envelope and (*check one*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

5. The envelope was addressed and mailed as follows:

a. **Name** of person served:

b. **Address** of person served:

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY FIRST-CLASS MAIL—CIVIL

(This information sheet is not part of the Proof of Service and does not need to be copied, served, or filed.)

NOTE: This form should **not** be used for proof of service of a summons and complaint. For that purpose, use *Proof of Service of Summons* (form POS-010).

Use these instructions to complete the *Proof of Service by First-Class Mail—Civil* (form POS-030).

A person over 18 years of age must serve the documents. There are two main ways to serve documents:

(1) by personal delivery and (2) by mail. Certain documents must be personally served. You must determine whether personal service is required for a document. Use the *Proof of Personal Service—Civil* (form POS-020) if the documents were personally served.

The person who served the documents by mail must complete a proof of service form for the documents served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVED THE DOCUMENTS

The proof of service should be printed or typed. If you have Internet access, a fillable version of the Proof of Service form is available at www.courtinfo.ca.gov/forms.

Complete the top section of the proof of service form as follows:

First box, left side: In this box print the name, address, and telephone number of the person for whom you served the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. The address for the court should be the same as on the documents that you served.

Third box, left side: Print the names of the Petitioner/Plaintiff and Respondent/Defendant in this box. Use the same names as are on the documents that you served.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. The case number should be the same as the case number on the documents that you served.

Complete items 1–5 as follows:

1. You are stating that you are over the age of 18 and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. Provide the date and place of the mailing and list the name of each document that you mailed. If you need more space to list the documents, check the box in item 3, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Documents Served)* (form POS-030(D)), and attach it to form POS-030.
4. For item 4:
Check box a if you personally put the documents in the regular U.S. mail.
Check box b if you put the documents in the mail at your place of business.
5. Provide the name and address of each person to whom you mailed the documents. If you mailed the documents to more than one person, check the box in item 5, complete the *Attachment to Proof of Service by First-Class Mail—Civil (Persons Served)* (form POS-030(P)), and attach it to form POS-030.

At the bottom, fill in the date on which you signed the form, print your name, and sign the form. By signing, you are stating under penalty of perjury that all the information you have provided on form POS-030 is true and correct.

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rules 3.50–3.63)**

FW-001-INFO

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or “Passport to Services”
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or “Passport to Services”
Food Stamp Program	Notice of Action or Food Stamp ID Card or “Passport to Services”
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

–OR–

2. Your total gross **monthly household income** is equal to or less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,083.34
2	1,458.34
3	1,833.34
4	2,208.34
5	2,583.34

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,958.34
7	3,333.34
8	3,708.34
Each additional person	375.00

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under “Attorneys”).

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER: _____

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am **not** able to pay any of the court fees and costs.
 b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):

3. a. My occupation, employer, and employer's address are (specify):
 b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:
 - a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
 - b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 - c. ☐ **Food Stamps:** The Food Stamp Program
 - d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**
 - a. ☐ (Optional) My Medi-Cal number is (specify):
 - b. ☐ (Optional) My social security number is (specify):

- - and my date of birth is (specify):

[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 - c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[if you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: _____ ▶

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. **My payroll deductions are (specify purpose and amount):**

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is
 (a. minus b.): \$ _____

d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ _____

f. Number of persons living in my home: _____
 Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

a. Rent or house payment & maintenance \$ _____
 b. Food and household supplies \$ _____
 c. Utilities and telephone \$ _____
 d. Clothing \$ _____
 e. Laundry and cleaning \$ _____
 f. Medical and dental payments \$ _____
 g. Insurance (life, health, accident, etc.) \$ _____
 h. School, child care \$ _____
 i. Child, spousal support (prior marriage) \$ _____
 j. Transportation and auto expenses (insurance, gas, repair) \$ _____
 k. Installment payments (specify **purpose and amount**):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 The TOTAL amount of monthly installment payments is: \$ _____

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

- m. Other expenses (specify):

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____
 (5) _____ \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): _____ ☐ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
 - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is **waived**.
 - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section): _____
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. ☐ Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
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 - c. The address of the court is (specify):
☐ Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____ ☐ Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)

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PLAINTIFF/PETITIONER (Name): _____	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
(place): _____, California,
on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy